

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

10728358

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4		3		3		
5		3		3		
6						
7						
8						
9						
10		1		1		
11						
12						
13						
14		3		3		
15						
16						
17						
18						
19		1		1		
20						
21						
22		8		8		
23		0		0		
24		1		1		
25						
26						
27		0		0		
28		0		0		
29		0		0		
30		0		0		
31		0		0		
32		0		0		
33		0		0		
34		0		0		
35		0		0		
36		0		0		
37		0		0		
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	15		18			
TOTAL DEP.	32		26			
TOTAL CLAIMS	50		44			